



STATE OF MAINE
Bureau of Insurance

*34 State House Station
Augusta, ME 04333-
0034*

**Application for Registration as an Approved Reinsurer
Workers' Compensation Self-insurance**

1. Name of Applicant Company	2. Organized Under the Laws of (state)	3. Date of Application
4. Address of Home Office	5. Date Incorporated	6. Form of Organization
7. Capital Stock (as of date of application) \$	8. Surplus (as of date of application) \$	9. NAIC Company Code
10. Signature of Company Officer	10. Name of Company Officer (Printed or Typed)	11. Title

The President, Secretary and Treasurer or Attorney-in-fact herein represent that the company has fully complied with the provisions of its charter and by-laws, in the state of incorporation, that the company is in solid financial condition and that its methods of underwriting and conducting business are known and permitted by the insurance officials of the state where incorporated and approved by the directors of the Company.

President

Secretary

Treasurer

Attorney-in-fact

IN WITNESS WHEREOF, the said Company has affixed its seal and caused this application to be signed by the President, Secretary, Treasurer and/or Attorney-in-fact on this _____ day of _____ 20__.